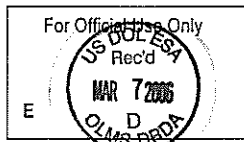


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4657</u>	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name GERALD G VUICHARD  P.O. Box, Bldg., Room No., if any  Street 3649 BROOKSIDE DRIVE  City MARION  State Iowa ZIP Code +4 52302	4. Name, file number, and address of labor organization.  Name IBEW LOCAL 1362  Labor Organization File Number 020-760  P.O. Box, Building and Room Number, if any  Street 370 BLAIRS FERRY RD NE  City CEDAR RAPIDS  State Iowa ZIP Code +4 52402
5. Position in labor organization. BUSINESS MANAGER/FINANCIAL SECRETAR	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name ROCKWELL COLLINS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 400 COLLINS RD NE  City CEDAR RAPIDS  State Iowa ZIP Code +4 52498	7.a. Nature of Interest, Transaction, or Income.  SEE ATTACHED  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Gerald V. Vuchard

On 02/24/2006

Date

319-295-4444

Telephone Number

GERALD G. VUICHARD

ATTACHMENT – PART A

7a. Cellular Telephone - \$480 annually  
Healthcare Premiums - \$432 annually

Business Travel  
January 11-14, 2005  
Hotel, Airfare, meals - \$746

Business Meals  
2/14/05 - \$6  
3/8/05 - \$15  
7/12 & 7/13/05 - \$50  
7/25/05 - \$10

Total - \$1739.00

*Gerald Vuichard*  
*2/24/06*